

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	PIVOTING HELM
Attorney Docket Number::	0579-1022
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	3
Total Drawing Sheets::	5
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN  
Middle Name::  
Family Name:: BERRET  
City of Residence:: LA ROCHELLE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 126, AVENUE DE COLIGNY  
Address::  
City of Mailing Address:: LA ROCHELLE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 17000

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: OLIVIER  
Middle Name::  
Family Name:: RACOUPEAU  
City of Residence:: LA ROCHELLE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 37, RUE DE MISSY  
Address::  
City of Mailing Address:: LA ROCHELLE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 17000

**Correspondence Information**

Correspondence Customer 000466

Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0212826	10/15/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::